



Public Works Department Public Works Department  
Causeway Division  
2601 Brickell Avenue  
Miami, Florida 33129  
Tel: 305-854-2468 / Fax: 305-859-2241

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## **RICKENBACKER COMMUTER-4 PLAN RENEWAL INFORMATION**

The cost of the Rickenbacker Commuter-4 Plan is \$48.00 per vehicle. This current yearly plan is valid from October 1, 2003 to September 30, 2004. The cost of the annual plan will not be prorated.

*Please check each box next to the corresponding number in order to ensure that all requirements have been met. Failure to meet all requirements will result in returning the application to you and delaying your renewal process.*

**Directions:**

- ☐ 1. Write the requested vehicle information that corresponds to the electronic device number listed. The vehicle(s) you list must be registered to the account holder listed on the application form.
- ☐ 2. Provide a copy of the State vehicle registration for each vehicle on your account.
- ☐ 3. Provide payment in the appropriate amount (\$48.00 for each device).
  - ☐ a. If you decide to pay by personal check, enclose a check made payable to Board of County Commissioners.
  - ☐ b. If you decide to pay by credit card, provide your VISA or MasterCard information in the space provided on the application.
  - ☐ c. If you decide to pay in cash, please visit our sales office located at the Rickenbacker Toll Plaza.

The Causeways Division strongly recommends that you process your completed application by mail and avoid waiting to be processed at the Rickenbacker Causeway Toll Plaza office. Additional toll devices must be purchased in person at the toll plaza office. The toll plaza office hours are Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m.

**In order to avoid any disruption to your electronic passage through the toll plaza, your application must be received at this office before September 1, 2003.**

*Applications may be mailed or delivered to the above address.*



**Rickenbacker Commuter -4 Plan  
C-Pass/C-Card Renewal Application License Agreement**

Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Tel # \_\_\_\_\_

Business Tel # \_\_\_\_\_

e-mail: \_\_\_\_\_

**VEHICLE #1 INFORMATION:**

Device # \_\_\_\_\_

Vehicle License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Year	Color	Make	Model	# of Axles
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**VEHICLE #2 INFORMATION:**

Device # \_\_\_\_\_

Vehicle License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Year	Color	Make	Model	# of Axles
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**VEHICLE #3 INFORMATION:**

Device # \_\_\_\_\_  
# \_\_\_\_\_

Vehicle License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Year	Color	Make	Model	# of Axles
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**VEHICLE #4 INFORMATION:**

Device

Vehicle License Plate: State \_\_\_\_\_ Number \_\_\_\_\_

Year	Color	Make	Model	of Axles
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**UPON PLACEMENT OF SIGNATURE ON THIS APPLICATION, THE APPLICANT AGREES TO THE TERMS AND CONDITIONS SET FORTH IN THE C-CARD/C-PASS USER AGREEMENT AS AMENDED. UPON FIRST USE OF THE DEVICE, THE APPLICANT ALSO ACKNOWLEDGES THAT HE/SHE HAS READ AND RECEIVED THE C-CARD/C-PASS USER AGREEMENT AND WILL COMPLY WITH ALL TERMS AND CONDITIONS WITHIN.**

APPLICANT SIGNATURE: \_\_\_\_\_ **DATE:** \_\_\_\_\_

Check Amount \$ \_\_\_\_\_ / Check # \_\_\_\_\_ Cash Amount \$ \_\_\_\_\_

(CIRCLE ONE):      VISA      MASTERCARD

Credit Card Information: Amount \$ \_\_\_\_\_ Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ / \_\_\_\_\_

**For Office Use Only:**

Payment Received Date: \_\_\_\_\_

Credit Card Authorization #: \_\_\_\_\_

Processing Clerk initial \_\_\_\_\_